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CONFIRMATION NO. 8060

<b>SERIAL NUMBER</b> 10/019,566	<b>FILING OR 371(c) DATE</b> 12/31/2001 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1633	<b>ATTORNEY DOCKET NO.</b> 003300-883
<b>APPLICANTS</b> Leif Lindholm, Kullavik, SWEDEN;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/SE00/01390 06/30/2000 which claims benefit of 60/143,632 07/14/1999 <i>OK</i>				
<b>** FOREIGN APPLICATIONS *****</b> SWEDEN 9902601-5 07/06/1999 <i>OK mmm</i>				
<b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Allowance</i> Examiner's Signature <i>M. M. M.</i> Initials		<b>STATE OR COUNTRY</b> SWEDEN	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 23
				<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 21839				
<b>TITLE</b> Recombinant adenovirus				
<b>FILING FEE RECEIVED</b> 639	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	